FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response 16.00

SEC USE ONLY

Prefix Serial

DATE RECEIVED

RECEIVED

AMERICAN URANIUM CORPORATION (the "Company") - private placement of up to 2,025,500 Units at \$0.75 per Unit for gross proceeds of \$1,519,125 Filing Under (Check box(es) that apply): Rule 504	Name of Offering (□ check i	f this is an amendment ar	d name has changed, a	nd indicate change)	-			
Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change) AMERICAN URANIUM CORPORATION Address of Executive Offices S. (Number and Street, City, State, Zip Code) 5 Locust Street, Orleans, MA 02653 Address of Principal Business Operated Stocks (City, State, Zip Code) Sobs-240-1259 Address of Principal Business Operated Stocks (City, State, Zip Code) Firef Description of Business Mining Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:		CORPORATION (the	"Company")- priva	te placement of u	p to 2,025,500 U	nits at \$0.75 per Uni	t for gross	
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change) AMERICAN URANIUM CORPORATION Address of Executive Offices 5 Locust Street, Orleans, MA 02653 Address of Principal Business Operation OCESS Examber and Street, City, State, Zip Code) (if different from Executive Offices) same as above Brief Description of Business Mining THOMSON Type of Business Organization corporation Imited partnership, already formed other (please specify) business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Filing Under (Check box(es)	that apply):	☐ Rule 504	□ Rule 505	■ Rule 506	☐ Section 4(6)	□ ULOE	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change) AMERICAN URANIUM CORPORATION Address of Executive Offices S Locust Street, Orleans, MA 02653 Address of Principal Business Operators OCESS Examber and Street, City, State, Zip Code) (if different from Executive Offices) same as above Brief Description of Business Mining Type of Business Organization C corporation I limited partnership, already formed business trust Month Year	Type of Filing:	■ New Filing	☐ Amendment					
Name of Issuer (check if this is an amendment and name has changed, and indicate change) AMERICAN URANIUM CORPORATION Address of Executive Offices S Locust Street, Orleans, MA 02653 Address of Principal Business Operations OCESS Diamber and Street, City, State, Zip Code) Same as above SEP 2 1 2000 Telephone Number (Including Area Code) Same as above SEP 2 1 2000 Thomson Thomson Thomson Thomson I limited partnership, already formed Actual or Estimated Date of Incorporation or Organization United partnership, to be formed Month Year Actual Actual Lestimated Lestimated Lenter two-letter U.S. Postal Service abbreviation for State:			A. BASIC IDEN	TIFICATION DAT	'A			
Address of Executive Offices (Number and Street, City, State, Zip Code) 5 Locust Street, Orleans, MA 02653 Address of Principal Business Operators OCESS Examber and Street, City, State, Zip Code) (if different from Executive Offices) same as above Brief Description of Business Mining Type of Business Organization Corporation Imited partnership, already formed other (please specify)	1. Enter the information requ	ested about the issuer						
Address of Executive Offices (Number and Street, City, State, Zip Code) 5 Locust Street, Orleans, MA 02653 Address of Principal Business Operators OCESS (Street, City, State, Zip Code) (if different from Executive Offices) same as above Brief Description of Business Mining Thomson Type of Business Organization corporation limited partnership, already formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Name of Issuer (□ check if the	nis is an amendment and	name has changed, and	indicate change)		07078010)	
Address of Principal Business Operator OCESS Tumber and Street, City, State, Zip Code) Address of Principal Business Operator OCESS Tumber and Street, City, State, Zip Code) Same as above Brief Description of Business Mining Type of Business Organization corporation limited partnership, already formed business trust Ilmited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	AMERICAN URANIUM	CORPORATION						
Address of Principal Business Operator OCESS Examber and Street, City, State, Zip Code) Telephone Number (Including Area Code) Same as above Brief Description of Business Mining Type of Business Organization corporation business trust limited partnership, already formed other (please specify)	Address of Executive Offices		ode) Telephone N	Telephone Number (Including Area Code)				
Same as above Brief Description of Business Mining Type of Business Organization corporation business trust I limited partnership, already formed business trust I limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization Month Year Actual Bestimated Lestimated						259		
Brief Description of Business Mining Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization Month Year Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Address of Principal Business (if different from Executive C	s Operation OCES	Strumber and Stree	t, City, State, Zip Co	ode) Telephone N	Number (Including Are	a Code)	
Type of Business Organization corporation business trust I limited partnership, already formed limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization Month Year 20 05 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	same as above	SEP 2 1 m	07		same as at	ove		
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization Month Year Actual Lestimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Brief Description of Business		ין זע					
□ corporation □ limited partnership, already formed □ other (please specify) □ business trust □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization	Mining							
□ business trust □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization □ Month	Type of Business Organization	on PINANCIA	L					
Actual or Estimated Date of Incorporation or Organization Month Year	■ corporation	[☐ limited partnership,	already formed	other (p	lease specify)		
Actual or Estimated Date of Incorporation or Organization 0 3 20 05 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	☐ business trust	[limited partnership,	o be formed				
	Actual or Estimated Date of I	ncorporation or Organiza	tion Month 0 3		■ Actus	al 🛮 Estimate	ed	
	Jurisdiction of Incorporation					N V		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes form the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file the notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and ma 	maging partner of pa	artnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Robert A. Rich					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
5 Locust Street, Orleans, A	MA 02653				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)	•			
Business or Residence Addre	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, in	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
	/7.7				

					B. II	NFORMAT	ION ABOU	T OFFERI	NG				
		· · · · · ·										Yes	No
1.	Has the	issuer sold,	or does the	issuer intend	to sell, to n	on-accredite	d investors i	n this offerin	ng?				
				Answer also	in Appendix	, Column 2,	if filing unde	r ULOE.					
2.	What is	the minimu	m investmer	nt that will b	e accepted f	rom any ind	ividual?	••••				\$N/A	
												Yes	No
3.	Does th	e offering pe	rmit joint ov	vnership of a	single unit?			••••••					
4.	or simil listed is of the b set forth	ar remunera an associate roker or dea the informa	tion for soliced person or ler. If more ation for that	for each per citation of pu agent of a b than five (5) t broker or d	rchasers in roker or dea persons to	connection v ler registered	with sales of d with the SI	securities in EC and/or w	the offering ith a state or	g. If a person states, list the	n to be ne name		
	,	Last name fi	rst, if indivi	dual)									
N/A												<u></u>	
		Residence A	ddress (Nu	mber and Sti	eet, City, St	ate, Zip Coo	le)						
N/A	1												
		sociated Bro	ker or Deale	r									
N/A									·				
				olicited or Ir								_	A 11 Ca-a
•				ual States)									All States
_	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID] [MO]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
_	MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[WI]	[WY]	[PR]
			rst, if indivi	···········	[IA]	[01]	[*1]	[47]	[WA]	[,,,,]	[,,,]	[""]	[* • •]
ı uı	i ivanie (Last name n	ist, ii ilidiri	auai)									
Bus	iness or	Residence A	ddress (Nu	mber and Str	reet, City, Si	ate, Zip Coo	le)						
Nar	ne of As	sociated Bro	ker or Deale	er									
Stat	tes in Wh	nich Person	Listed Has S	olicited or It	ntends to So	licit Purchas	ers						
(Ch	eck "All	States" or c	heck individ	ual States)									All States
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MTJ	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (Last name fi	irst, if indivi	dual)									
Bus	siness or	Residence A	Address (Nu	mber and St	reet, City, S	tate, Zip Coo	ie)						
Nar	ne of As	sociated Bro	oker or Deale	er									
Stat	tes in Wh	nich Person	Listed Has S	Solicited or I	ntends to So	licit Purchas	ers						
				lual States)							,		All States
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MTJ	[NE]	[NV]	[NH]	[[[]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		*Amount of Securities Offered for Exchange		*Amount of Securities Already Exchanged
	Type of Security		Aggregate Offering Price		Amount Aiready Sold
	Debt	\$	0	\$_	0
	Equity	\$	1,519,124.25	\$_	1,519,124.25
	■ Common □ Preferred		0		0
	Convertible Securities (including warrants) 1,012,795 warrants issued whereby one whole warrant entitles the holder to purchase one common share in the capital of the Company at the exercise price of \$1.25 for a period of two years.	\$	0	· - \$	0
	Partnership Interests	s —	0	·	0
	•	· —	0	-	0
	Other (Specify)	J	 -		
	Total	\$ _	1,519,124.25	. \$_	1,519,124.25
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	15	\$	1,519,124.25
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)	_	15	·	1,519,124.25
	Answer also in Appendix, Column 4, if filing under ULOE.			• •	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505		0	\$	0
	Regulation A		0	\$	0
	Rule 504		0	·	0
	Total		0	. °. S	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_	U	- [₽] -	v
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees			\$.	
	Accounting Fees Engineering Fees			\$.	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify) Finder's Fees		0	s s	
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$_	1,519,124.25

	C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND	USE OF F	PROCEEDS		
	and total expenses furnished in response to Part C	fering price given in response to Part C – Question I – Question 4.a. This difference is the "adjusted gross			\$	(
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for any the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6	occeds to the issuer used or proposed to be used for purpose is not known, furnish an estimate and check payments listed must equal the adjusted gross C = Ouestion 4 b. above				
	proceeds to the issuer set form in response to 7 and	2 240.001 110.40014		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		□s		\$	
	Purchase of real estate					
	Purchase, rental or leasing and installation o	f machinery and equipment				
	Acquisition of other businesses (including the may be used in exchange for the assets or se	ne value of securities involved in this offering that curities of another issuer pursuant to a merger)				
	Repayment of indebtedness		□ s _		_ \$_	
	Working capital		□ s _		\$	1,519,124.25
	Other (specify)		□ \$_		\$	
	Column Totals		□ s_		_ \$_	
	Total Payments Listed (column totals added)		\$	1,519,12	4.25
		D PEDERAL CICNATURE				
		D. FEDERAL SIGNATURE				
COL	e issuer has duly caused this notice to be signed by istitutes an undertaking by the issuer to furnish to the issuer to any non-accredited investor pursuant to the issuer to be signed by the issuer to be signed by the issuer to furnish to the issuer to any non-accredited investor pursuant to the issuer to any non-accredited investor pursuant to the issuer to be signed by the issuer to be signed by the issuer to furnish to the issuer to any non-accredited investor pursuant to the issuer to any non-accredited investor pursuant to the issuer to any non-accredited investor pursuant to the issuer to accredite the issuer to accredit the issuer to accred	the undersigned duly authorized person. If this notice the U.S. Securities and Exchange Commission, upon very paragraph (b)(2) of Rule 502.	e is filed u vritten req	nder Rule 505, the uest of its staff, th	e followir e informa	ng signature ition furnished
Iss	uer (Print or Type)	Signature	Date			
Αľ	MERICAN URANIUM CORPORATION	Kober + a. Kich	Sep	otember 4,	2007	7
Na	me of Signer (Print or type)	Title of Signer (Print or Type)				
Ro	obert A. Rich	President and Director				
		ATTENTION —		 <u>,,</u>		
	Intentional misstatements or om	issions of fact constitute federal criminal	violation	ns. (See 18 U.	S.C. 10	01.)

	E. STATE SIGNATURE										
1.	Is any party described in 17 CFR 230.252(c), (d) provisions of such rule?	, (e) or (f) presently subject to any of the disqualification	Yes □	No ☑							
		See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice of Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon written request, information	n furnished by the	issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	e issuer has read this notification and knows the co horized person.	ntents to be true and has duly caused this notice to be signed on	its behalf by the t	indersigned duly							
Iss	uer (Print or Type)	Signature Date									
AN	MERICAN URANIUM CORPORATION	Lober & a. Kick Sept	ember 4,	2007							
Na	me of Signer (Print or type)	Title of Signer (Print or Type)									
Ro	bert A. Rich	President and Director									

Instruction:

Print the name and title of the signing representative under this signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

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1		2	3			4			5
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)	Туре о	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E – Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	966,666 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	3	\$725,000	Nil	Nil	N/A	x
СО		x	32,500 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	1	\$24,375	Nil	Nil	N/A	X
СТ									
DE									
DC									
FL		x	65,000 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	1	\$48,750	Nil	Nil	N/A	X
GA		x	100,000 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	1	\$75,000	Nil	Nil	N/A	x
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ID									
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IA									
KS									
KY									
LA									
ME									

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	Intend to sell to non-accredited investors in State (Part B – Item 1) Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of	f investor and (Part	amount purchased C – Item 2)	in State	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E – Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MD		X	250,000 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	2	\$187,500	Nil	Nil	N/A	х
MA								_	
MI									
MN									
MS								1	
МО									
МТ		x	200,000 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	1	\$150,000	Nil	Nil	N/A	X
NE									
NV									
NH									
NJ		x	125,000 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	2	\$93,750	Nil	Nil	N/A	x
NM									
NY		X	286,333 Units at \$0.75 per Unit consisting of one common share and one-half of one share purchase warrant	4	\$214,750	Nil	Nil	N/A	х
NC									
ND									
ОН									
ок									
OR									
PA									
RI									

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-				APPENDIX					
1		2	3			5			
	Intend to sell to		Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E – Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
sc									
SD									
TN									
TX									
UT									
VT	-								
VA									
WA									
wv									
WI									
WY									
PR									